

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745900

FILED
Jan 04, 2010
Secretary of State

Entity Name: FRIENDS OF THE MONROE COUNTY PUBLIC LIBRARY IN KEY WEST, FLORIDA, INC.

Current Principal Place of Business:

700 FLEMING ST.
KEY WEST, FL 330406828

New Principal Place of Business:

Current Mailing Address:

1025 FLEMING STREET
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 59-1897084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, THOMAS
1025 FLEMING ST.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: CHAMBERLIN, BREWSTER S
Address: 712 WILLIAM ST.
City-St-Zip: KEY WEST, FL 33040

Title: SD
Name: O'LEAR, JENNIFER
Address: 1631 LAIRD ST
City-St-Zip: KEY WEST, FL 33040

Title: TD
Name: CLEMENTS, THOMAS
Address: 1025 FLEMING
City-St-Zip: KEY WEST, FL 33040

Title: VD
Name: CROSSEN, CYNTHIA
Address: 808 WINDSOR LANE
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: STENTZEL, CATHY
Address: 526 WILLIAM ST. UNIT 1
City-St-Zip: KEY WEST, FL 33040

Title: PD
Name: LIGGETT, ANNETTE
Address: 606 FRANCES ST
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS CLEMENTS

TD

01/04/2010

Electronic Signature of Signing Officer or Director

Date